CHILD CARE

CCFL3, Rev 04-2009

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EMERGENCY CONSENT FORM

Please attach child's photo to this form.

CHILD'S NAM	ЛЕ:	В	IRTHDATE:YEAR/MONTH/DAY	
ADDRESS: _	SURNAME	FIRST NAME(S)	YEAR/MONTH/DAY	
PARENT'S N	AME:	HON	ME PHONE:	
CELL PHONE:		WOF	WORK PHONE:	
PARENT'S N	AME:	HON	ME PHONE:	
CELL PHONE	∷	WOF	RK PHONE:	
EMERGENCY CONTACT:		CELL PHONE:	PHONE:	
OUT OF TOWN CONTACT:			PHONE:	
CHILD'S DOC	CTOR:		PHONE:	
DATE OF MO	OST RECENT TETANUS SH	OT:		
ALLERGIES /	MEDICATIONS:			
CHILD'S DEN	NTIST:		PHONE:	
		CONSENT		
1)	cannot contact parents and wa ambulance.	notify a parent when a child is ill or needs e need to get immediate help for the child.	. Our procedure is to call for an	
2)	Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.			
3)	3) I hereby give consent for my child to be taken to the nearest emergency centre when I cannot be contacted.			
4)	I hereby give consent for my o	child named above to receive medical trea	atment.	
	DATE	SIGNATURE (DF PARENT / GUARDIAN	
			NESS	